

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> A. Received by (Please Print Clearly) B. Date of Delivery </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> C. Signature <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> <div style="display: flex; align-items: center;"> X <div style="flex-grow: 1;"> </div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <div style="display: flex; justify-content: space-between;"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p style="margin-top: 5px;">If YES, enter delivery address below:</p> </div>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">Texon USA, Inc. c/o CT Corporation System 101 Federal Street Boston, MA 02110-1817</p>	<div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>4. Restricted Delivery? (Extra Fee)</p> <div style="text-align: right;"> <input type="checkbox"/> Yes </div> </div>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.5em; font-family: monospace;">7000 2870 0000 2653 1421</p>	
<div style="display: flex; justify-content: space-between;"> PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789 </div>	

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

United States District Court
Office of the Clerk
1550 Main Street
Springfield, MA 01103

RE: 04 CV 30187 KPN

